en el número de casos de dengue reportados en Colombia. **RESULTADOS:** Al utilizar como referencia el criterio de la OMS para evaluar intervenciones en salud, incluyendo en el análisis el efecto indirecto de la vacunación y ajustando el número de casos de dengue reportados por el subregistro, se identifica que si la vacunación inicia en un periodo epidémico —desde la perspectiva del tercer pagador— el precio máximo por dosis para que la intervención sea costo-efectiva es US$ 65,61 si la vacuna es aplicada a la población en riesgo de nueve años; US$ 66,65 si se aplica en la población entre los nueve y diecisiete años; y US$ 33,37 vacunando a la población de nueve o más años. **CONCLUSIONES:** Estos resultados permiten identificar el precio máximo para que la intervención sea costo-efectiva considerando niveles de protección indirecta de la vacunación sobre los no-vacunados y considerando el ajuste por el subregistro en el número de casos reportados. Estos resultados representan la primera ocasión en que la vacuna contra el dengue de Sanofi Pasteur es evaluada a través de los resultados de eficacia obtenidos en su fase III en América Latina.

PIN24

**SIMEPREVIR PLUS PEGINTERFERON/RIBAVIRIN COST-EFFECTIVENESS ANALYSIS FOR THE TREATMENT OF CHRONIC GENOTYPE 1 HEPATITIS C IN MEXICO**

Heibeck M[1], Westerhout KY[2], Naciben V[3], Gasca-Pineda R[4], Hernandez-Garduno A[5], Chacon-Ramos C[4]

[1]*Pharmerit International, Berlin, Germany,* [2]*Pharmerit International, Rotterdam, The Netherlands,* [3]*Janssen Pharmaceuticals, Sao Paulo, Brazi,* [4]*Janssen Pharmaceuticals, Mexico, Mexico,* [5]*Janssen, Mexico City, Mexico*

**OBJECTIVES:** To assess the cost-effectiveness and cost-utility of simeprevir (SMV) plus peginterferon/ribavirin (PR) versus boceprevir (BOC)/PR in treatment-naïve patients [METAVIR F0-F3], versus PR in treatment-naïve [F0-F3 and F4] and treatment-experienced patients in partial and null responders [F0-F4], and versus "no treatment" in treatment-experienced patients [F0-F4], chronically infected with hepatitis C virus (HCV) genotype 1, in Mexico. **METHODS:** A lifetime Markov model, was used to estimate disease progression for treatment-naïve and treatment-experienced patients aged 47.8 years. Dosage regimens, including response-guided therapy and futility stopping rules, were based on Mexican HCV treatment guidelines. Sustained viral response rates were obtained from relevant phase II/III clinical trials. Patient baseline characteristics, mortality, discount rates and unit costs were obtained from local sources and an advisory board. HCV progression rates and health related quality of life estimates were based on published literature and HCV cost-effectiveness models. Sensitivity analyses were conducted to estimate discounted quality adjusted life years (QALYs) and costs (in Mexican pesos). **RESULTS:** In the treatment-naïve, F0-F3 population, SMV/PR was the dominant alternative, accruing more QALYs and less costs per patient compared to BOC/PR and PR alone (11.25 vs 11.08 and 10.67; $348,355 vs $455,709 and $368,416, respectively). Likewise, SMV/PR was the dominant treatment option when compared with PR alone in the treatment-naïve, F4 population (7.43 vs 6.85 QALYs; $668,475 vs $731,854, respectively) and treatment-experienced (9.27 vs 8.42; $559,697 vs $609,751, respectively). Compared to "no treatment", more costs and more QALYs were accumulated resulting in an incremental cost-utility ratio of $43,116 in the treatment-experienced population. Multivariate probabilistic sensitivity analyses showed that at a willingness-to-pay threshold of $100,000, the probability that SMV/PR is cost-effective was >80% for all treatment groups. **CONCLUSIONS:** SMV/PR appears a cost-effective treatment option in genotype 1 HCV patients compared to other regimens currently available in Mexico, regardless of treatment experience and fibrosis.

PIN25

**COST EFFECTIVENESS OF TRIPLE THERAPY FOR ADULTS PATIENTS WITH GENOTYPE 1 CHRONIC HEPATITIS C**

Araujo RL[1], Vianna CM[1], Mosegui GB[2], Rodrigues MP[3], Valle PM[2], Felicissimo T[1]

[1]*Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brazil,* [2]*Universidade Federal Fluminense, Niterói, Brazil,* [3]*UERJ, Rio de Janeiro, Rio de Janeiro, Brazil*

**OBJECTIVES:** The prevention, diagnosis and treatment of chronic hepatitis C integrates health policies in Brazil and worldwide. This disease affect many people, features high cost treatment and cause severe outcomes and disability, increasing social cost. We performed a cost-effectiveness analysis under the perspective of SUS, with the following strategies: treatment and retreatment with dual therapy, treatment with dual therapy and retreatment with triple therapy and treatment with triple therapy. **METHODS:** A Markov model was developed with a hypothetical cohort of 1000 adults, over 40 years, of both sexes, with confirmed diagnosis for chronic hepatitis C, monoinfected by HCV genotype 1 and absence of comorbidities. The simulation started with all individuals carrying the milder form of the disease, considered F0 or F1, according to Metavir histological classification. **RESULTS:** The results demonstrate the dual/triple therapy and triple therapy are below the acceptable threshold for embedding technology proposed by the WHO. Both are cost-effective. ICER of dual/triple therapy compared with base line was 7186.3 (R$/QALY) and the triple therapy compared with dual/triple therapy was 59053.8 (R$/QALY). However, the incremental cost of triple therapy compared to dual/triple therapy was 31029 and incremental effectiveness was 0.52. Triple therapy, despite having a little more effectiveness than the dual/triple therapy, showed much higher cost. **CONCLUSIONS:** Thus, as would be consistent adopt one or the other for use in the SUS, since this system has limited resources, is better indicate the realization a budget impact analysis to have one more data information to support the decision to continue adopting the Brazilian guideline existing or suggest making another one.

PIN26

**SIMEPREVIR PLUS PEGINTERFERON/RIBAVIRIN COST-EFFECTIVENESS ANALYSIS FOR THE TREATMENT OF CHRONIC GENOTYPE 1 HEPATITIS C IN COLOMBIA**

Ariza JG[1], Taborda A[2], Naciben V[3], Heibeck M[4], Westerhout KY[5]

[1]*Janssen, Bogota, Colombia,* [2]*Johnson & Johnson, Sao Paulo-SP, Brazil, Bogota, Colombia,* [3]*Janssen Pharmaceuticals, Sao Paulo, Brazi,* [4]*Pharmerit International, Berlin, Germany,* [5]*Pharmerit International, Rotterdam, The Netherlands*

**OBJECTIVES:** To assess the cost-effectiveness of simeprevir (SMV) plus peginterferon/ribavirin (PR) versus triple therapy regimens of boceprevir (BOC)/PR and telaprevir (TVR)/PR and PR dual therapy in treatment-naïve and treatment-experienced patients, chronically infected with hepatitis C virus (HCV) genotype 1, in Colombia. **METHODS:** A lifetime Markov model, applying a generally accepted structure, was used to estimate disease progression of HCV patients aged 50 years. Dosage regimens, including response-guided therapy were based on the approved labels for each product. Sustained viral response rates, were obtained from a mixed treatment comparison. Costs were estimated from health care system perspective and are expressed in local currency (COP). A review of the literature to obtain epidemiologic and resource utilization data was performed and when data were not available or validation was needed a Delphi panel with local experts was carried out. Primary outcomes included discounted quality adjusted life years (QALYs) and costs. Deterministic and probabilistic sensitivity analyses were performed to assess uncertainty. **RESULTS:** Treatment-naïve: In comparison with TVR/PR, BOC/PR and PR, SMV/PR incurred 0.133, 0.171 and 0.858 additional QALYs, respectively. SMV/PR is dominant compared to BOC/PR and TVR/PR as more total QALYs are gained and less costs accrued. The cost-effectiveness ratio of SMV/PR vs. PR is estimated at COP 22,984,021/QALY. Treatment experienced: In comparison with TVR/PR, BOC/PR and PR, SMV/PR increased QALYs by 0.043, 0.133 and 1.064, respectively. SMV/PR is dominant compared to BOC/PR and TVR/PR as more total QALYs are gained and less costs accrued. The cost-effectiveness ratio of SMV/PR vs. PR is estimated at COP 22,437,019/QALY. These results were robust in the sensitivity analyses. **CONCLUSIONS:** SMV/PR dominated TVR/PR and BOC/PR, and is a cost-effective treatment option against WHO 3x GDP criteria in comparison to PR alone for treatment-naïve and treatment-experienced genotype 1 HCV patients in Colombia.

PIN27

**COST-EFFECTIVENESS ANALYSIS OF SIMEPREVIR AND SOFOSBUVIR COMBINATION THERAPY FOR THE TREATMENT OF GENOTYPE 1 HCV PATIENTS IN THE DOMINICAN REPUBLIC**

Pantiri K[1], Westerhout KY[1], Obando CA[2]

[1]*Pharmerit International, Rotterdam, The Netherlands,* [2]*Janssen, Panama, Panama*

**OBJECTIVES:** To assess the cost-effectiveness of simeprevir plus sofosbuvir +/- ribavirin (SMV/SOF) versus sofosbuvir plus peginterferon/ribavirin (SOF/PR) and SOF/R regimens in treatment-naïve (METAVIR F3-F4) and prior-null-responder patients (F0-F4) infected with genotype 1 HCV in the Dominican Republic (DR). **METHODS:** A Markov model, based on existing cost-effectiveness analyses, was applied to estimate disease progression of a cohort of genotype 1 HCV patients aged 47.8 years over a life time horizon. Sustained viral response (SVR) rates were obtained from the COSMOS study for SMV/SOF, from NEUTRINO for SOF/PR and from SPARE and QUANTUM for SOF/R. SVR rates for SOF/R and SOF/PR in null responder patients were conservatively assumed equal to treatment-naïve patients. Patient baseline characteristics, mortality, discount rates and unit costs were obtained from local sources. HCV progression rates and health related quality of life estimates were based on literature and HCV cost-effectiveness models. Various sensitivity and scenario analyses were conducted to assess uncertainty around the estimated discounted quality adjusted life years (QALYs) and costs. **RESULTS:** In the treatment-naïve patient population, SMV/SOF accrued 0.59 more QALYs and incurred $330,982 less costs per patient compared to SOF/R, resulting in SMV/SOF as the dominant treatment option. Compared to SOF/PR, SMV/SOF accrued 0.08 additional QALYs and $52,319 additional costs resulting in a cost-effectiveness ratio of $626,676 and was cost-effective against WHO 3GDP criteria. In the prior-null-responder population, SMV/SOF dominated both comparators. Multivariate probabilistic sensitivity analyses showed that at a willingness-to-pay of $1,000,000, the probability of SMV/SOF being cost-effective was estimated at 62% and 92% in the treatment-naïve and prior null responder population, respectively. **CONCLUSIONS:** SMV/SOF provides higher efficacy compared to its competitors, especially for patients that are more difficult to treat (prior null responders). Compared to SOF/R and SOF/PR, SMV/SOF represents a cost-effective treatment option to treat genotype 1 HCV patients in DM.

## INFECTION – Patient-Reported Outcomes & Patient Preference Studies

PIN28

**AVALIAÇÃO DA ADESÃO AO PROTOCOLO DE TRATAMENTO DE PESSOAS VIVENDO COM HIV/AIDS: CONHECER BEM PARA CUIDAR MELHOR**

Reis HP[1], Carlos JO[1], Loureiro CV[1], AraÚjo AM[1], Batista J[1], Fonteles MM[2]

[1]*UFC, Fortaleza, Brazil,* [2]*Federal University of Ceará, Fortaleza, Brazil*

**OBJETIVOS:** O protocolo para HIV/AIDS do Ministério da Saúde brasileiro garante acesso universal ao tratamento para as pessoas infectadas por esse vírus (BRASIL, 2013). Os esquemas iniciais, preferencialmente recomendados, permanecem constituídos por dois inibidores de Transcriptase reversa análogo de nucleosídeos (zidovudina+lamivudina) e um inibidor de transcriptase reversa não-análogo de nucleosídeos (efavirenz). Neste sentido, este trabalho, buscou determinar a adesão dos pacientes à primeira linha antirretroviral dessa tratativa. **MÉTODOS:** Estudo longitudinal com 100 pacientes em Acompanhamento Farmacoterapêutico (AFT), utilizando o Método Dáder, atendidos em um Centro de Especialidades Médicas em Fortaleza-CE, no período de novembro/2008 a agosto/2012. Os dados foram analisados em SPSS. Estudo aprovado pelo Comitê de Ética – Universidade Federal do Ceará (Protocolo Nº 191/08). **RESULTADOS:** Durante o AFT obteve-se média de 1,41 esquemas/paciente, com uma mediana de 1,00; desvio padrão de 0,79 e máximo de 05 mudanças de esquemas de antirretrovirais. Na primeira linha, foram prescritos 15 diferentes tipos de esquemas antirretrovirais. A adesão global ao protocolo governamental foi de 79%, sendo de 44%(44/100) a adesão ao padrão: (zidovudina + lamivudina) + efavirenz, seguido do esquema alternativo envolvendo os inibidores de protease lopinavir/ritonavir agregado aos inibidores nucleosídeos da transcriptase reversa zidovudina/lamivudina, em 25% (25/100) do total na primeira escolha. Observou-se que a lamivudina esteve presente na totalidade das escolhas